U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved
Office of Management
and Budget
No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| 1. File Number U - 2924   | 2. Fiscal Year Covered From:   |  |
|---|--|--|
|   | 1 / 1 / 2004 Through: 12 / 31 / 2004   |  |
| Name and address of person filing.  | Name, file number, and address of labor organization.  |  |
| Name Harold J Espinosa  | Name Professional Musicians, Local 47 AFM  |  |
|   | Labor Organization File Number 012-112   |  |
| P.O. Box, Bldg., Room No., if any   | P.O. Box, Building and Room Number, if any   |  |
| Street 817 Vine Street  | Street 817 Vine Street   |  |
| City Hollywood  | City Hollywood   |  |
| State California ZIP Code + 4 90038-3779  | State Callfornia ZIP Code + 4 90038-3779   |  |
| 5. Position in labor organization.  President   |  |  |
| Enter appropriate data below if, during the past fiscal year, you or your spo   |  |  |
| (except as specified in the exclu   | sions set forth in the instructions):  |  |
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value <b>from an employer whose employees your organization represents</b> or is actively seeking to represent.   |  |  |
|   |  |  |
| Name and address of Employer (including trade name, if any).  | 7.a. Nature of Interest, Transaction, or Income.   |  |
| 6. Name and address of Employer (including trade name, if any).  Name Pantages Theatre  | 7.a. Nature of Interest, Transaction, or Income.  2 Theatre Ticketa to a production of "Chicago."  |  |
|   | Submental and any analysis of the format is a provider a construction of the construct |  |
| Name Pantages Theatre   | 2 Theatre Tickets to a production of "Chicago."  |  |
| Name Pantages Theatre  Trade Name, if any:  | Submental and any analysis of the format is a provider a construction of the construct |  |
| Name Pantages Theatre  Trade Name, if any:  P.O. Box, Bidg., Room No., if any   | 2 Theatre Tickets to a production of "Chicago."  |  |
| Name Pantages Theatre  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street 6233 Hollywood Blvd.  | 2 Theatre Tickets to a production of "Chicago."    Chicago   Chica |  |
| Name Pantages Theatre  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street 6233 Hollywood Blvd.  City Los Angeles  State California ZIP Code + 4 90028-5382  | 2 Theatre Tickets to a production of "Chicago."    The street Tickets to a production of "Chicago."   The st |  |
| Name Pantages Theatre  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street 6233 Hollywood Blvd.  City Los Angeles  State California ZIP Code +4 90028-5382  Sign  15. Signature and verification. The undersigned declares, under penalty of   | 7.b. Amount.  Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the   |  |
| Name Pantages Theatre  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street 6233 Hollywood Blvd.  City Los Angeles  State California ZIP Code +4 90028-5382  Sign  15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se | 7.b. Amount.  Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the   |  |
| Name Pantages Theatre  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street 6233 Hollywood Blvd.  City Los Angeles  State California ZIP Code + 4 90028-5382  Sign  15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)  | 7.b. Amount.  Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the   |  |

| Name of Person Filing | Harold | Espinosa |
|-----------------------|--------|----------|
|-----------------------|--------|----------|

| File Number L | 2924 |
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## Part A Continuation Page

| A. Held an interest in, engaged in transactions (including loans) with, or derived in employees your organization represents or is actively seeking to represent. | ncome or other economic benefit of monetary value from an employer whose   |
|---|--|
| Name and address of Employer (including trade name if any).   | 7.a. Nature of Interest, Transaction, or Income.   |
| Name Gay Men's Chorus of Los Angeles  | 2 Tickets to Chorus Performance  |
| Trade Name, if any:   |  |
| P.O. Box, Bldg., Room No., if any Suite 235   | 7.b. Amount.   |
| Street 1125 N. McCadden Place   |  |
| City Los Angeles  | The second secon |
| State California ZIP Code + 4 90038   |  |
| A. Held an interest in, engaged in transactions (including loans) with, or derived employees your organization represents or is actively seeking to represent.    | income or other economic benefit of monetary value from an employer whose  |
| Name and address of Employer (including trade name if any).   | 7.a. Nature of Interest, Transaction, or Income.   |
| Name Pasadena Pops Orchestra  | 2 Tickets to Orchestra Concert   |
| Trade Name, if any:   |  |
| P.O. Box, Bldg., Room No., if any Suite 500   | 7.b. Amount.   |
| Street 87 N. Raymond Avenue   |  |
| City Pasadena   | \$152  |
| State California ZIP Code + 4 91103   |  |
| A. Held an interest in, engaged in transactions (including loans) with, or derived employees your organization represents or is actively seeking to represent.    | income or other economic benefit of monetary value from an employer whose  |
| Name and address of Employer (including trade name if any).   | 7.a. Nature of Interest, Transaction, or Income.   |
| Name Snowy World, Inc.  | 2 Tickets to Ballet Performance of "Romeo and Juliet"  |
| Trade Name, if any:   |  |
| P.O. Box, Bldg., Room No., if any Suite 515   | 7.b. Amount.   |
| Street 3345 Wilshire Blvd.  |  |
| City Los Angeles  | \$140  |
| State California ZIP Code + 4 90010   |  |
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## Part A Continuation Page

| A. Held an interest in, engaged in transactions (including loans) with, or derived in employees your organization represents or is actively seeking to represent. | ncome or other economic benefit of monetary value from an employer whose   |
|---|--|
| Name and address of Employer (including trade name if any).   | 7.a. Nature of Interest, Transaction, or Income.   |
| Name JP Morgan  | Company reception at Century Plaza   |
| Trade Name, if any:   | THE PROPERTY OF THE PROPERTY O |
| P.O. Box, Bldg., Room No., if any   | 7.b. Amount.   |
| Street 1991 Avenue Of The Stare   |  |
| City Los Angeles  |  |
| State California ZIP Code + 4 90067   |  |
| A. Held an interest in, engaged in transactions (including loans) with, or derived employees your organization represents or is actively seeking to represent.    | ncome or other economic benefit of monetary value from an employer whose   |
| Name and address of Employer (including trade name if any).   | 7.a. Nature of Interest, Transaction, or Income.   |
| Name Kodak Theatre  | 2 Theatre tickets to a production of "The 10<br>Commandments"  |
| Trade Name, if any:   |  |
| P.O. Box, Bldg., Room No., if any Suite 380   | 7.b. Amount.   |
| Street 6801 Hollywood Blvd:   | propagation of the second of t |
| City Hollywood  | \$200  |
| State California ZIP Code + 4   |  |
| A. Held an interest in, engaged in transactions (including loans) with, or derived in employees your organization represents or is actively seeking to represent. | ncome or other economic benefit of monetary value from an employer whose   |
| Name and address of Employer (including trade name if any).   | 7.a. Nature of Interest, Transaction, or Income.   |
| Name  |  |
| Trade Name, if any:   |  |
| P.O. Box, Bldg., Room No., if any   | 7.b. Amount.   |
| Street  |  |
| City  |  |
| State ZIP Code + 4  |  |
|   |  |

Form LM-30 (2003)

| Name of Person Filing  | Uarold | Peninosa  |
|------------------------|--------|-----------|
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File Number **U**- 2924

| B. Held an interest in or derived income or economic benefit with monetary value <b>from a business</b> (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.  |  |  |
|--|--|--|
| Name and address of Business (including trade name, if any).  Name   | 9. Business deals with:                            |  |
| Trade Name, if any:  | a. Labor Organization b. Trust                     |  |
| P.O. Box, Bldg., Room No., if any  | c. Employer  |  |
| Street City  |  |  |
| State ZIP Code + 4   |  |  |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.  | 11.a. Nature of such dealing.                      |  |
| Name   |  |  |
| Trade Name, if any:  |  |  |
| P.O. Box, Bldg., Room No., if any  |  |  |
| Street   | 11.b. Approximate dollar value of such dealing.    |  |
| City State ZIP Code + 4  | 12.a. Nature of interest held or income received.  |  |
| State   State  |  |  |
|  |  |  |
|  |  |  |
|  | 12.b. Amount.                                      |  |
| C. Received from any employer (other than an employer covered unde<br>or from any labor relations consultant to an employer any payment of money   | r parts A and B above)<br>or other thing of value. |  |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).   | 14.a. Nature of payment.                           |  |
| Name A STATE OF THE STATE OF TH |  |  |
| Trade Name, if any:  |  |  |
| P.O. Box, Bldg., Room No., if any  |  |  |
| Street   |  |  |
| City State ZIP Code + 4  |  |  |
| State Control of the  | 14.b. Amount of payment.                           |  |
| 13.b. Is the Business an Employer or Consultant?   |  |  |